Master Permit Application for Land Use Permits and Approvals



Planning and Development Services

I. Property Location				
Primary property address, general location, and all associated property tax account numbers (attach separate pages if necessary):				
29919 80TH AVE NW, Stanwood WA				
Parcels: 32041800100100				
II. General Project Information				
Permits and/or approvals requested	from Snohomish County (check all that	t apply):		
☐ Administrative Conditional Use	Urban Center Development Plan	☐ Subdivision ⁹		
Conditional Use	Development Agreement	☐ Preliminary		
☐ Variance¹	☐ Minor Revision ⁷	☐ Final		
☐ Rezone ²	☐ Major Revision ⁸	☐ Alteration ¹⁰		
☐ Binding Site Plan	☐ Landscape Modification	☐ Short Subdivision ⁹		
☐ Administrative Site Plan³	Shoreline	☐ Preliminary		
☐ Official Site Plan⁴	☐ Substantial Development	☐ Final		
☐ Preliminary Plan Approval⁵	☐ Conditional Use	☐ Alteration ¹⁰		
☐ Final Plan Approval ⁶	☐ Variance	☐ Special Use ¹¹		
Footnotes: (1) Title 30 SCC variances, except under the Shoreline Management Program (Chapter 30.44 SCC); (2) Owner(s) must sign application; (3) Urban Residential Development Standards (Chapter 30.23A SCC), Single Family Detached Units (Chapter 30.41F SCC), and Cottage Housing (Chapter 30.41G SCC); (4) Planned Residential Development (Chapter 30.42B SCC), Mobile Home Parks (Chapter 30.42E SCC), development in existing FS and GC zones, and FS, RFS, and GC rezones; (5) BP, PCB, and NB rezones, IP zone rezones for five acres or more, and development of five acres or more in existing PCB, BP, and IP zones; (6) Development in existing PCB, BP, and IP zones; (7) Type 1 and 2 residential and nonresidential applications only; (8) Type 1 and 2 residential development applications only; (9) Inclusive of Rural Cluster Subdivision or Short Subdivisions (Chapter 30.41C SCC); (10) A majority of owners must sign application; and (11) Community Facilities for Juveniles.				
Project name:				
Residential Treatment Facility North				
Explain your request and all proposed uses included in this development proposal:				
This project is to construct two (2) secure, 16-bed facilities for in-patient residential behavioral health treatment				
with related site development including parking, landscaping and utilities, including on-site septic and well.				

III. Applicant Informa	ation			
	Applicant		Contact person (if different)	
Name:	BCRA / Contact: Christine Philli	ps		
Mailing Address:	2106 Pacific Ave., Suite 300			
City, State, Zipcode:	Tacoma, WA 98402			
Phone:	(253) 627-4367			
Email:	cphillips@bcradesign.com			
Applicant's interest to	property (check one):			
☐ Owner ☑ Consul	tant	Lessee	Other (specify):	
All persons and/or ent	ities having an ownership inter	est in the prop	perty:	
Name: Tulalip Trib	es	Phone:	(360) 716-4214	
Address: 6406 Marin	e Drive, Tulalip WA 98271	Email:	permits@tulaliptribes-nsn.gov	
Name:		Phone:		
Address:		Email:		
Name:		Phone:		
Address:		Email:		
IV. Cita Information				
IV. Site Information				
General site information				
	Site Square Footage: 677,794		Level Or any artist Francis of	
Present Zoning: R-5	Present Con	nprehensive F	Plan Designation: Local Commercial Farmland	
Source of water suppl	y (check one):			
☐ Private Well ☑ G	iroup Well 🔲 Public Water (sp	pecify purveyo	or):	
Method of sewage dis	posal (check one):			
On-Site Septic	Off-Site Septic Public Sev	wer (specify p	urveyor):	
V. Civil Construction	n Information			
V. Civil Constructio				
Proposed land disturb				
✓ Clearing ✓ Grad	ing Other (specify): Building	ng permits		
Is the proposal "new o	levelopment" under SCC 30.91	N.044? ☑ Y	′es □ No	
Is the proposal "redevelopment" (35% existing hard surfaces) under SCC 30.91R.070? ☐ Yes 🗹 No				
Proposed hard surfaces (square feet):				
New: 85,880 Replaced: 620 New plus replaced: 86,500				
Proposed clearing (square feet): 137,500				
Conversion of native vegetation to lawn and/or landscaped areas (square feet): 0				

Proposed grading quantities (cubic yards): Cut: 8,500 Fill: 10,000	
VI. Project-Specific Information	
For rezones: N/A	
Zoning requested:	
For subdivisions and short subdivisions: N/A	
Plat name: Proposed r	number of lots:
Proposed number of tracts: Pu	ublic road dedication?
For variances: N/A	
Code requirements from which relief is sought:	
For Shoreline Substantial Development or Conditional Use F	Permits:
Total cost or fair market value, whichever is higher, of proj permanent equipment to be installed for which the permit wil	
Construction dates for which permit is requested (month and	year): Begin: <u>01</u> / <u>2023</u> End: <u>06</u> / <u>2024</u>
Does this project require a Shoreline/Floodplain location?	☐ Yes 🗹 No
If yes, please explain why:	
Waterbody: Shoreline Envir	onment Designation:
VII.Authorization	
For all applications ^{1, 2} :	
I am the property owner or am authorized by the property of permission for County staff and/or its agents to enter onto the any inspections of the property which are necessary to produce 30.81 SCC. I certify under penalty of perjury of the laws of the application and all information submitted herewith is true, consignature: Teri Gobin Printed name: Teri Gobin R	e subject property for the sole purpose of making cess this application in accordance with Chapter e State of Washington that the information on this mplete, and correct.
Signature:	
Printed name: R Footnotes: (1) For rezones, the property owner(s) must sign. If more than	
and short subdivision plat alterations, a majority of all owners must sign th	